



## ***New Jersey Office of the Attorney General***

Division of Consumer Affairs  
New Jersey State Board of Architects  
124 Halsey Street, 3rd Floor, P.O. Box 45001  
Newark, New Jersey 07101  
(973) 504-6385



### **Initial Application for Licensure as a Landscape Architect**

- A professional degree in Landscape Architecture from a college or university with a Landscape Architecture program accredited by the Landscape Architectural Accreditation Board (LAAB).
- Engaged in practical landscape architectural work for four years after completion of the educational requirement with at least two years of which the applicant worked on a full-time basis under the supervision of a certified or licensed landscape architect, architect, professional planner or professional engineer.
- Successfully complete the Landscape Architect Registration Examination within five years of application.

If you feel that you qualify, please complete the enclosed application in its entirety and return it to this office accompanied by a check or money order in the amount of \$125.00 made payable to "N.J. Board of Architects." This nonrefundable fee is to cover the review and processing of prelicensure documents.

If you have a **Council of Landscape Architectural Registration Boards (CLARB) record**, which contains your college transcript, three (3) reference verification forms from your employers and verification of your successful completion of the Uniform National Examination for Landscape Architects / Landscape Architect Registration Examination (U.N.E./LARE), you must request that your Council record be forwarded to the Board office and **you must also submit two (2) additional reference forms**.

If you do not have a CLARB record, your completed application file must consist of the items listed below and it is your responsibility to ensure that the following information is sent to and received by the Board:

1. A completed application form and fee.
2. An official college transcript sent directly to this office by the college or university at your request.
3. Five reference forms which are included in your application package and are sent out by you.
4. Your examination grades for the CLARB U.N.E./LARE must be sent directly from your base state to the New Jersey Board office at your request.
5. Upon receipt of your application, work verification forms will be mailed to your past and present employers for verification.

Attach a clear, full-face passport-style photograph (2"x2") of your head and shoulders, taken within the past six months.

A photograph is required with each application.

Do not use staples to attach the photograph.



## ***New Jersey Office of the Attorney General***

Division of Consumer Affairs  
New Jersey State Board of Architects  
124 Halsey Street, 3rd Floor, P.O. Box 45001  
Newark, New Jersey 07101  
(973) 504-6385

### **FOR OFFICE USE ONLY**

- ☐ **LARE**  
☐ **Reciprocity**  
☐ **CLARB**

## **Application for Licensure as a Landscape Architect**

Date: \_\_\_\_\_

A nonrefundable application filing fee of \$125 in the form of a check or money order made out to the State of New Jersey, must be submitted with this application. (Applicants should understand that if the application filing fee is paid with a personal check, and the check is returned by the bank due to insufficient funds, the next step in the licensure or certification process will be delayed until the fee is paid.)

The Division is precluded by law from disclosing to the public the place of residence of licensees or applicants, without their consent. You are, however, required to provide an address that may be released to the public in our directories or in response to other requests (by putting a check in the appropriate box). If you provide your place of residence as your public address of record, we will assume that you have consented to have that address be disclosed. If you do not consent to the disclosure of your place of residence, you should provide an address of record other than your place of residence that may be released to the public. One of your addresses must include a street, city, state and ZIP code.

Information that you provide on this application may be subject to public disclosure as required by the Open Public Records Act (OPRA).

**Please print clearly. You must answer all of the questions on this application.**

### **Personal Information**

Date of birth: \_\_\_\_\_  
Month Day Year

Place of birth: \_\_\_\_\_  
City State

1. Name ☐ Mr. ☐ Mrs. ☐ Ms. \_\_\_\_\_ ( \_\_\_\_\_ )  
Last name First name Middle initial Maiden name

#### **2. Address**

☐ Home: \_\_\_\_\_  
Street or P.O. Box City State ZIP code County

\_\_\_\_\_  
Telephone number (include area code)

\_\_\_\_\_  
E-mail address

☐ Business: \_\_\_\_\_  
Name of company Telephone number (include area code)

\_\_\_\_\_  
Street City State ZIP code County

☐ Mailing: \_\_\_\_\_  
Street or P.O. Box City State ZIP code County

3. Social Security Number

You **must** disclose your Social Security number for the reasons stated below. Failure to do so may result in a denial of licensure or certification or license or certificate renewal.

\*Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

\*Pursuant to N.J.S.A. 54:50-24 et seq. of the New Jersey taxation law, N.J.S.A. 2A:17-56.44e of the New Jersey Child Support Enforcement Law, Section 1128E(b)(2)A of the Social Security Act and 45 C.F.R. 60.7, 60.8 and 60.9, the Board is required to obtain your Social Security number. Pursuant to these authorities, the Board is also obligated to provide your Social Security number to:

- a. the Director of Taxation to assist in the administration and enforcement of any tax law, including for the purpose of reviewing compliance with State tax law and updating and correcting tax records; and
- b. the Probation Division or any other agency responsible for child support enforcement, upon request.

4. Citizenship / Immigration Status

Federal law limits the issuance or renewal of professional or occupational licenses or certificates to U.S. citizens or qualified aliens. To comply with this federal law, check the appropriate box below which indicates your citizenship/immigration status. If you are not a U.S. citizen, attach a copy of your alien registration card (front and back) or other documentation issued by the office of U.S. Citizenship and Immigration Services (USCIS).

- ☐ U.S. citizen
- ☐ Alien lawfully admitted for permanent residence in U.S.
- ☐ Other immigration status

Questions about your immigration status and whether or not it is a qualifying status under federal law should be directed to the USCIS at: 1-800-375-5283.

5. Student Loan

Are you in default in regard to any student loan obligation(s)? ☐ Yes ☐ No

If "Yes," you must obtain documentary evidence that you have reached an arrangement with the bank or with the entity that issued your student loan, for the eventual repayment of the loan. You will not be able to obtain a license unless you provide the required documents concerning the plan for repayment of your student loan.

6. Child Support

Please certify, under penalty of perjury, the following:

- a. Do you currently have a child-support obligation? ☐ Yes ☐ No
  - (1) If "Yes," are you in arrears in payment of said obligation? ☐ Yes ☐ No
  - (2) If "Yes," does the arrearage match or exceed the total amount payable for the past six months? ☐ Yes ☐ No
- b. Have you failed to provide any court-ordered health insurance coverage during the past six months? ☐ Yes ☐ No
- c. Have you failed to respond to a subpoena relating to either a paternity or child-support proceeding? ☐ Yes ☐ No
- d. Are you the subject of a child-support-related arrest warrant? ☐ Yes ☐ No

In accordance with N.J.S.A. 2A:17-56.44d, an answer of "Yes" to any of the questions a(1) through d will result in a denial of licensure. Furthermore, any false certification of the above may subject you to a penalty, including, but not limited to, immediate revocation or suspension of your licensure.

\_\_\_\_\_  
Applicant's name (please print)

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

7. Have you ever been summoned; arrested; taken into custody; indicted; tried; charged with; admitted into pre-trial intervention (P.T.I.); or pled guilty to any violation of law, ordinance, felony, misdemeanor or disorderly persons offense, in New Jersey, any other state, the District of Columbia or in any other jurisdiction? (Parking or speeding violations need not be disclosed, but motor vehicle violations such as driving while impaired or intoxicated must be.) ☐ Yes ☐ No
8. Have you ever been convicted of any crime or offense under any circumstances? This includes, but is not limited to, a plea of guilty, non vult, nolo contendere, no contest, or a finding of guilt by a judge or jury. ☐ Yes ☐ No

If "Yes," provide a copy of the judgment of conviction and the release from parole or probation. Please provide a complete explanation. (Attach additional sheets of paper to this application.)

9. Do you currently hold, or have you ever held, a professional license or certificate of **any** kind in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

If "Yes," for each license or certificate held, provide the date(s) held and the number(s). If the license or certificate was issued under a different name, please provide that name.

|                                |        | Last name  | First name | Middle initial      |
|--------------------------------|--------|--|------------|---------------------|
| Type of license or certificate | Number | State or jurisdiction that issued the license or certificate |            | Date issued/expired |
| Type of license or certificate | Number | State or jurisdiction that issued the license or certificate |            | Date issued/expired |
| Type of license or certificate | Number | State or jurisdiction that issued the license or certificate |            | Date issued/expired |
| Type of license or certificate | Number | State or jurisdiction that issued the license or certificate |            | Date issued/expired |

10. Have you ever been disciplined or denied a professional license or certificate of any kind in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No
11. Have you ever had a professional license or certificate of any type suspended, revoked or surrendered in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No
12. Has any action (including the assessment of fines or other penalties) ever been taken against your professional practice by any agency or certification board in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No
13. Have you ever been named as a defendant in any litigation related to the practice of landscape architecture or other professional practice in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No
14. Are you aware of any investigation pending against a professional license or certificate issued to you by a professional board in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No
15. Are there any criminal charges now pending against you in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No
16. Have you ever been sanctioned by or is any action pending before any employer, association, society, or other professional group related to the practice of landscape architecture or other professional practice in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

If the answer to any of the above questions, numbers 7 through 16, is "Yes," provide a complete explanation of the circumstances leading to the action, and any supporting documentation, on separate sheets of paper.

I hereby apply for licensure as a landscape architect by the following method:

- ☐ Taking the written Uniform National Examination (U.N.E.) or the Landscape Architect Registration Examination (LARE) of the Council of Landscape Architectural Registration Boards (CLARB) in New Jersey.
- ☐ Reciprocity based on my CLARB certification. Certificate number: \_\_\_\_\_
- ☐ Direct reciprocity from another state where I passed a written examination and based on qualifications comparable to those in New Jersey.

Base state: \_\_\_\_\_ Registration number: \_\_\_\_\_

Education

1. What is the name and address of the high school you attended?

Name of high school

Street address

City

State

ZIP code

2. What years did you attend high school?

3. Did you graduate from high school?

☐ Yes

☐ No

If "Yes," what was the date of your graduation?

Month

Year

If "No," did you study to receive a G.E.D. certificate?

☐ Yes

☐ No

If "Yes," please provide the name and address of the educational institution that issued your G.E.D. certificate and the date the certificate was issued.

Name of educational institution

Street address

City

State

ZIP code

Date certificate was issued

4. What is the name and address of the colleges or universities you have attended?

a.

Name of college or university

Street address

City

State

ZIP code

b.

Name of college or university

Street address

City

State

ZIP code

c.

Name of college or university

Street address

City

State

ZIP code

d.

Name of college or university

Street address

City

State

ZIP code

5. List all of the degrees that you have received from recognized colleges or universities. Please have each college or university forward to the Board the official transcript for each degree that you have earned.

| Educational institution | Inclusive years | Degree, Diploma or Certificate | Major | Date granted |
|-------------------------|-----------------|--------------------------------|-------|--------------|
|                         |                 |                                |       |              |
|                         |                 |                                |       |              |
|                         |                 |                                |       |              |
|                         |                 |                                |       |              |

Note

An official transcript for your professional degree must be requested by you and sent by the school(s) directly to the Board. Landscape architecture degrees from a college or university accredited by the Landscape Architectural Accreditation Board are approved by the Board. Applicants with other closely related degrees should have transcripts sent to the Board and include with this application a true and accurate course description for each of the Landscape Architecture courses. (Applicants with CLARB certification do not need to have separate transcripts sent.)

## Professional Landscape Architecture Experience

1. How many years of full-time experience do you have in landscape architecture as a principal employment activity? \_\_\_\_\_ years
2. Do you have any other occupation? *(Please explain.)*

3. Please document your professional work experience below and on the next page. Begin with your current or most recent experience and then provide the relevant information as you work back in time, chronologically.

a. Employer: \_\_\_\_\_

Address: \_\_\_\_\_  
Street address City State ZIP code

Telephone number: \_\_\_\_\_ *(include area code)*

Title of your position: \_\_\_\_\_ Hours per week: \_\_\_\_\_

Your major responsibilities: *(Use additional sheets of paper if necessary.)*

From \_\_\_\_\_ to \_\_\_\_\_  
Month Year Month Year

Immediate supervisor's name: \_\_\_\_\_ Title: \_\_\_\_\_

b. Employer: \_\_\_\_\_

Address: \_\_\_\_\_  
Street address City State ZIP code

Telephone number: \_\_\_\_\_ *(include area code)*

Title of your position: \_\_\_\_\_ Hours per week: \_\_\_\_\_

Your major responsibilities: *(Use additional sheets of paper if necessary.)*

From \_\_\_\_\_ to \_\_\_\_\_  
Month Year Month Year

Immediate supervisor's name: \_\_\_\_\_ Title: \_\_\_\_\_

c. Employer: \_\_\_\_\_

Address: \_\_\_\_\_  
Street address City State ZIP code

Telephone number: \_\_\_\_\_ *(include area code)*

Title of your position: \_\_\_\_\_ Hours per week: \_\_\_\_\_

Your major responsibilities: *(Use additional sheets of paper if necessary.)*

From \_\_\_\_\_ to \_\_\_\_\_  
Month Year Month Year

Immediate supervisor's name: \_\_\_\_\_ Title: \_\_\_\_\_

## Professional Landscape Architecture Experience *(continued)*

d. Employer: \_\_\_\_\_

Address: \_\_\_\_\_  
Street address City State ZIP code

Telephone number: \_\_\_\_\_ *(include area code)*

Title of your position: \_\_\_\_\_ Hours per week: \_\_\_\_\_

Your major responsibilities: *(Use additional sheets of paper if necessary.)*

From \_\_\_\_\_ to \_\_\_\_\_  
Month Year Month Year

Immediate supervisor's name: \_\_\_\_\_ Title: \_\_\_\_\_

e. Employer: \_\_\_\_\_

Address: \_\_\_\_\_  
Street address City State ZIP code

Telephone number: \_\_\_\_\_ *(include area code)*

Title of your position: \_\_\_\_\_ Hours per week: \_\_\_\_\_

Your major responsibilities: *(Use additional sheets of paper if necessary.)*

From \_\_\_\_\_ to \_\_\_\_\_  
Month Year Month Year

Immediate supervisor's name: \_\_\_\_\_ Title: \_\_\_\_\_

f. Employer: \_\_\_\_\_

Address: \_\_\_\_\_  
Street address City State ZIP code

Telephone number: \_\_\_\_\_ *(include area code)*

Title of your position: \_\_\_\_\_ Hours per week: \_\_\_\_\_

Your major responsibilities: *(Use additional sheets of paper if necessary.)*

From \_\_\_\_\_ to \_\_\_\_\_  
Month Year Month Year

Immediate supervisor's name: \_\_\_\_\_ Title: \_\_\_\_\_

1. Do you hold a certificate issued by the Council of Landscape Architectural Registration Boards (CLARB)? ☐ Yes ☐ No  
If "Yes," please provide the certificate number\_\_\_\_\_.

2. Are you a member of any professional organizations? ☐ Yes ☐ No  
If "Yes," please supply the information requested below.

3. Are you involved in any community activities related to your landscape architecture work? ☐ Yes ☐ No  
If "Yes," please supply the information requested below.

Please provide references from five people (do not use relatives) two of whom have known you for at least four years. Three must be professionally trained design professionals such as licensed architects or landscape architects, civil engineers or professional planners, and must have first-hand experience with your work. The enclosed yellow forms are to be distributed to each person cited as a reference, who should then mail the form directly to the Board in an envelope which has been properly addressed to the Board and provided with a first-class stamp by you. List your five references below.

1. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Street address City State ZIP code  
Telephone number: \_\_\_\_\_ (include area code)  
Occupation: \_\_\_\_\_ Number of years you have known each other: \_\_\_\_\_
2. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Street address City State ZIP code  
Telephone number: \_\_\_\_\_ (include area code)  
Occupation: \_\_\_\_\_ Number of years you have known each other: \_\_\_\_\_
3. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Street address City State ZIP code  
Telephone number: \_\_\_\_\_ (include area code)  
Occupation: \_\_\_\_\_ Number of years you have known each other: \_\_\_\_\_
4. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Street address City State ZIP code  
Telephone number: \_\_\_\_\_ (include area code)  
Occupation: \_\_\_\_\_ Number of years you have known each other: \_\_\_\_\_
5. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Street address City State ZIP code  
Telephone number: \_\_\_\_\_ (include area code)  
Occupation: \_\_\_\_\_ Number of years you have known each other: \_\_\_\_\_



# AFFIDAVIT

This affidavit is to be executed by the applicant before a notary public:

State of \_\_\_\_\_

County of \_\_\_\_\_

} ss.

I, \_\_\_\_\_, in making this application to the New Jersey State Board of Architects for licensure as a Landscape Architect under the provisions of Title 45 of the General Statutes of New Jersey and the Rules of the New Jersey State Board of Architects, swear (or affirm) that I am the applicant and that all information provided in connection with this application is true to the best of my knowledge and belief. I understand that any omissions, inaccuracies or failure to make full disclosures may be deemed sufficient to deny licensure or to withhold renewal of or suspend or revoke a license issued by the Board.

I further swear (or affirm) that I have read N.J.S.A. 45:3A-1 et seq., together with the Rules and Regulations of the New Jersey State Board of Architects, N.J.A.C. 13:27-8.1 et seq., and fully understand that in receiving licensure from the Board, I bind myself to be governed by them.

Furthermore, I voluntarily consent to a thorough investigation of my present and past employment and other activities for the purpose of verifying my qualifications for licensure. I further authorize all institutions, employers, agencies and all governmental agencies and instrumentalities (local, state, federal or foreign) to release any information, files or records requested by the Board.

\_\_\_\_\_  
Signature of applicant

Sworn and subscribed to before me this \_\_\_\_\_

day of \_\_\_\_\_ / \_\_\_\_\_  
Month Year

\_\_\_\_\_  
Name of Notary Public (please print)

\_\_\_\_\_  
Signature of Notary Public

Affix  
seal here

## For office use only

### Qualifications:

- ☐ Education
- ☐ Experience

### Recommendations:

- ☐ Interview
- ☐ License

### Board Action:

- ☐ Interview
- ☐ Withhold/Deny
- ☐ License

Date \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_

License No. \_\_\_\_\_

Granted \_\_\_\_\_



## New Jersey Office of the Attorney General

Division of Consumer Affairs  
New Jersey State Board of Architects  
124 Halsey Street, 3rd Floor, P.O. Box 45001  
Newark, New Jersey 07101  
(973) 504-6385



# Reference Form for Licensure as a Landscape Architect

An application for licensure in landscape architecture in the State of New Jersey has been received by the New Jersey State Board of Architects from \_\_\_\_\_

Applicant's name

of \_\_\_\_\_

Applicant's address

City

State

ZIP code

who had approached you as reference.

The Landscape Architects Law provides for the licensure of qualified individuals as landscape architects in the State of New Jersey, thereby safeguarding life, health and property and maintaining high professional standards. Please give complete and accurate answers to the following questions. Please indicate "NA" in response to any question which you do not feel qualified to answer.

1. How long have you known the applicant? \_\_\_\_\_

2. In what capacity have you known the applicant?

3. Did you ever employ the applicant? ☐ Yes ☐ No

If "Yes," from \_\_\_\_\_ to \_\_\_\_\_

Month

Year

Month

Year

Was the applicant employed full time? ☐ Yes ☐ No

If "Yes," please indicate his/her predominant activities by checking the following list:

☐ General design

☐ Planting

☐ Administration

☐ General drafting

☐ Specification writing

☐ Rendering, perspective

☐ Construction details

☐ Consultation

☐ Teaching

☐ Grading plans

☐ Supervision of construction and planting

4. Did the applicant perform landscape architectural services for you? ☐ Yes ☐ No

a. Was he/she familiar with the various phases of the work?

☐ Yes ☐ No

b. Was his/her work satisfactory?

☐ Yes ☐ No

c. Would you again employ the applicant as a landscape architect?

☐ Yes ☐ No

5. What is your opinion of the applicant's competency?
- |                                 |                                    |                                       |   |
|---------------------------------|------------------------------------|---------------------------------------|---|
| a. Technical knowledge          | <input type="checkbox"/> Excellent | <input type="checkbox"/> Satisfactory | <input type="checkbox"/> Unsatisfactory |
| b. Professional experience      | <input type="checkbox"/> Excellent | <input type="checkbox"/> Satisfactory | <input type="checkbox"/> Unsatisfactory |
| c. Reputation as a professional | <input type="checkbox"/> Excellent | <input type="checkbox"/> Satisfactory | <input type="checkbox"/> Unsatisfactory |
6. Do you believe the applicant to be fully qualified to practice landscape architecture? ☐ Yes ☐ No
7. Do you have any reason to doubt the moral character of the applicant? ☐ Yes ☐ No
- If "Yes," please explain.

8. What is the applicant's standing in the community? \_\_\_\_\_

### Respondent's information

|  |  |                   |
|--|--|-------------------|
| _____<br>Name of respondent (please print)         |  |                   |
| _____<br>Street address                            |  |                   |
| _____<br>City                                      | _____<br>State   | _____<br>ZIP code |
| _____<br>Title                                     | _____<br>Occupation                                    |                   |
| _____<br>Home telephone number (include area code) | _____<br>Business telephone number (include area code) |                   |

List any professional licenses that you hold.

|                            |                |                         |
|----------------------------|----------------|-------------------------|
| _____<br>Type (profession) | _____<br>State | _____<br>License number |
| _____<br>Type (profession) | _____<br>State | _____<br>License number |
| _____<br>Type (profession) | _____<br>State | _____<br>License number |
| _____<br>Type (profession) | _____<br>State | _____<br>License number |

**This information is confidential.  
A prompt reply will be appreciated.**

I certify that the foregoing statements are true. I am aware that if any of the foregoing statements by me are willingly false, I am subject to punishment.

|                    |               |
|--------------------|---------------|
| _____<br>Signature | _____<br>Date |
|--------------------|---------------|

Return form promptly to:

**New Jersey State Board of Architects  
P.O. Box 45001  
Newark, NJ 07101**

Affix seal here  
if you are  
a licensed  
professional.